

10/732822

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.:		FILING DATE		
							APPLICANT(S)				
							CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	/						51	/			
2		/					52		/		
3		/					53		/		
4		/					54		/		
5		/					55		/		
6		/					56		/		
7		/					57		/		
8		/					58		/		
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10		/					60	/	/		
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14	/						64				
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38	/						88				
39		/					89				
40		/					90				
41		/					91				
42		/					92				
43		/					93				
44		3					94				
45		3					95				
46		3					96				
47		3					97				
48		3					98				
49		3					99				
50		3					100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				